String (1)	
SEE NOTATION 148	
ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State File No.	
1. PLACE OF BOTH STANDARD CERTIFICATE OF BIRTH Registered No.	
County County State of the host of marrings	
District or Township or Village	
Oity No Ward (M) birth occurred in a hos also or instantion, give its NAME instead of street and number)	
2. Full name of child is not yet named, make supplemental report, as directed.	***
2 Set of Child   To be answered ONLY   4. Twin, triplet or other	abeard
5. No., in order of birth Month Day Rear	om to see the see that the see
8. Full name phries flores Full maiden per lone a Willa	ing and Campach Campach inc
9. Residence (Usual place of abode)  15. Residence (Usual place of abode)	4460
If non-resident, give place and state.  If non-resident, give place and state.	1
10. color or race  11. Age at last birthday (Years)  12. Age at last birthday (Years)	
12. Birthplace (city or place).	
(State or country) was / Wext as (State or country) Kestersburg Kestersburg Kestersburg	
13. Occupation	
Nature of industry Houseweft	i magazina di managaria di mana
20. Number of children of this mother.  (a) Born alive and now living that the precautions taken against ophthalm a so of time of birth of child berein  (b) Born alive but now dead that the precautions taken against ophthalm a neorator in the precautions taken against ophthalm a solution to the precautions taken against ophthalm a neorator in the precautions taken against ophthalm a neorator in the precautions taken against ophthalm a neorator in the precautions taken against ophthalm against o	
certified and including this child.)   (c) Stilloom.	1
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  I hereby certify that I attended the birth of this child, you was at the state of the date above stated,	#17 P
*When there was no attending physician or midwife, then the father, householder,	
or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	
Given name added from a supplemental report.  Address	
Month, day, year  Filed Mek 14 1929 6.6. dorns	
Registrar	
462-213-111	14.20mc多数数6.40mm